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ORIGINAL COMMUNICATIONS.

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ALSTONIA CONSTRICTA.

BY JOHN FEARN, M. D. OAKLAND.

This is one of the remedies that has been introduced into the country during the last few years. And though to the great majority of progressive physicians it is as yet comparatively unknown, yet from personal experience with the drug, I believe it has come to stay, and that it will yet take high ground as a remedy to be depended upon in quite a variety of diseases.

History.—*Alstonia constricta* belongs to the natural order Apocynaceæ. It grows in Australia, and is known there under the common names of "Native Quinine," Australian Fever Bark. Like many other good remedies, it seems to have been first used outside the profession. The herdsmen and others of that country have used it for years in domestic practice as a substitute for quinine.

We are told that Dr. Bancroft has long used this bark in the hospitals of Melbourne, with admirable success in cases of fever. As a pharmaceutical curiosity it seems to have been known in Europe at least since 1863. Dr. Hesse, at Fearbach, near Stuttgart, has experimented much with it, with especial reference to the alkaloids it contains: With regard to one of these alkaloids,

alstonine, he says, the bark yields at the rate of about $2\frac{1}{2}$ per cent. of this alkaloid. With reference to alstonine, he says: "It possesses very eminent therapeutic properties," and the Doctor also adds this caution: "Besides, allow me to add that I doubt the efficacy of alstonine as a harmless remedy for fever, but that on the contrary, I hold it to be a strong poison, akin to strychnine." I have not as yet seen the alkaloid, but hitherto the study of the alkaloids does not seem to have helped much in the field of practical therapeutics. Its advent into this country was during the year 1876, when the bark appeared in the Australian department of the Centennial exposition, and it was asserted by its exhibitors to be a remedy for malarial fevers. King tells us in the supplement to his Dispensatory, "That a Cincinnati gentleman, having had his attention strongly attracted by the assertions, procured a specimen of the bark, and after investigation having found it to possess therapeutical virtues, he ordered a supply from Australia, intending to introduce it as a proprietary medicine. Professor J. M. Scudder, of Cincinnati, persuaded him to give up this intention and allow it to come before the medical profession under its true name, *alstonia constricta*."

Therapeutics.—There cannot, in my opinion, be a shade of doubt as to the antiperiodic action of this drug. Since it was first introduced publicly to the materia medica of this country by Prof. J. M. Scudder, it has been tried in numberless cases by many physicians in different parts of the country, and they bear testimony unanimously to its antiperiodic power. While we cannot say that it will cure every case where periodicity is a marked feature, yet I think personal experience and intercourse and communication with physicians who are using this drug, warrant the assertion, that its antiperiodic power is more marked than that of any other drug that has ever been employed as a substitute for quinine. So far as observed, it does not appear to meet the indication *periodicity* in as many cases as quinine. Quinine will meet more cases of recent ague. On the other hand *alstonia constricta* will cure cases of chronic ague which quinine will not relieve, and experience goes to prove that an ague cured by this remedy will be likely to be more permanently

cured. *Use.*—As an antiperiodic, first prepare the way by the use of the bath and special sedative, just as you would for quinine. The powdered bark is the most generally used, this may be given in capsules containing from 2 to 5 grs. each, repeated every hour for three or four doses, giving the last capsule one hour before the expected trouble; this may be repeated the second or third day to make sure. Dr. R. E. Kuntze, of New York, attributes to it slightly narcotic, cerebro-stimulant, antiperiodic febrifuge and tonic properties. He thinks it contraindicated in patients of a delicate and highly nervous organization. In such patients it might produce head symptoms. I have heard of no complaint of this as yet. It is true it is an intense and lasting bitter, but this is overcome by administering in capsules. C. P. Higgins, M. D., who has frequently used this remedy as an antiperiodic, as above, says it will often act as a powerful diaphoretic, more often its action in this direction is mild. But it is not only the antiperiodic properties of this drug that will win for it laurels, it will also be found to be a most excellent stimulant tonic, having properties very much like *nux vomica*. In general nervous depression, when that depression arises from lack of digestion and assimilation, it is a good remedy, and may be given in doses from 1 to 2 grs. every three or four hours. Dr. Scudder says: "It is a cerebro-spinal stimulant and tonic, acting positively upon the great sympathetic nerve centers, and consequently increasing positively and permanently the vital forces of the entire system." I quite agree with Dr. Scudder in this opinion.

In all cases of atony of the digestive track accompanied with loss of appetite and depraved secretions where we want a stimulant tonic to arouse the slumbering energies and vital forces this remedy is a very good one. I have one typical case. A rancher quite sick had long been running down physically. Appetite very poor, digestion and assimilation almost *nil*, bowels irregular, urine loaded with the products of partly digested food, known as Chiliferous urine, some trace of sugar in the urine and per consequence of this urinary difficulty great soreness and weakness in the region of the kidneys and with all this there was a marked periodicity. Attention was paid to the skin; 3 or 4

grs. of alstonia con. bark with about 20 grs. of Crab Orchard salts were given after each meal. Lactopeptine was used at times, other remedies were also used as indicated; but during the four months he was under treatment this bark was the principle remedy. And what was the result? Appetite, digestion and assimilation were improved; he began to increase in flesh, urine cleared, and weeks after he has finished his medical treatment he reports himself well. His was a very unpromising case and this remedy did very much for him. In cases coming from malarial districts with constipation, loss of appetite, etc., I have prescribed with advantage

R. Alstonia constricta grs. ss.

Lactopeptine grs. iii.

Solid ex. cascara sagrada grs. ii.

M. fiat capsule No. i.

Sig. Take after eating.

Such a capsule may be taken after each meal, unless the remedy should operate too freely on the bowels when it must be taken less frequently. I have seen it credited with aphrodisiac powers; my own experience so far leads me to think it is not a direct aphrodisiac, but indirectly, by getting through its tonic and restorative powers, a better and more vigorous life to the whole man, and not merely to the sexual organs. There are physicians who prefer to use the tincture thinking it to be more quickly absorbed it may be used in doses of from 10 to 30 gtts. and repeated according to instructions given for the bark. I have used the bark, and administered in capsules it is tasteless, and the results have been satisfactory. What are the specific indications for using this drug?

Periodicity.—Tongue dirty, skin sallow and dirty, urine turbid. It is a remedy that can be used in doses even less than quinine, and yet, cheap as quinine is now, this remedy is much cheaper, and I am sure, in many cases it is a much better remedy. In conclusion let me say get *Alstonia Constricta*, not *Alstonia* or *Ditta Bark*.

DIABETES AND CONVULSIONS THE RESULT OF INJURY TO THE CEREBELLUM.

BY J. G. PIERCE, M. D.

Patrick McC., aged fifty-eight, large and compactly built, and before receiving his injury "never sick a day in his life." About eight years ago in an altercation with another man he received a blow from a jack plane, about an inch to the right and a little below the occipital protuberance. He was found insensible and remained in that condition near an hour. Blood flowed freely, and after regaining the use of his faculties walked off with a very unsteady gait, although when he received the blow was duly sober. After recovery he felt but very little inconvenience from the wound, but had occasional spells when it was difficult for him to articulate intelligibly, and at these times "slight buzzing in his ears." Being otherwise strong and healthy he considered this as a mere passing incident.

In December, 1885, as his good wife expressed it, he "took insensible, laying for twenty-four hours, and didn't know anything." A physician was called and he recovered from this attack with the exception of slight paralysis of the right arm, which improved with time. But incidentally with his recovery from the comatose condition he was taken with diabetes, which grew upon him continuously, and for which he was treated with Syr. Iodide Potassium and Tinc. Iron.

I was called to see him April 21, and found him suffering with terrible convulsions, which were limited to his face, muscles of the neck and right arm. They were distinctly intermittent and lasted from one to three minutes. The inception of each was marked by a peculiar aura of voice and forcible expiration, then an intermission of from three to five minutes. The first symptoms of each paroxysm would be marked most frequently by a twitching of fingers of right hand, then contraction of flexors of arm and then drawing of face over right shoulder and reversion of head. But, frequently, the aura would commence by agita-

tion of the muscles of the face and eyes, which grew in vigor until they became terrific, then extended to the arm in reverse order.

After learning the history of the case I readily found the scar on the occiput, but no tenderness on pressure, but, by palpation, with repeated strokes with plexometer, he was satisfied that there was slight soreness in that region of the brain. I also satisfied myself that I could shorten the intervals between paroxysms by that method.

Urinalysis gave specific gravity 1033, acid reaction. Boiled with Fehling's solution gave a large precipitate of sugar. The quantity passed was twelve to fourteen pints a day. I commenced his treatment by giving him ten drops of Tinc. Gelseminum every half hour, and every hour five drops Tinc. Belladonna, which was continued for twenty-four hours.

22d. General muscular relaxation and dilation of pupils resulted, but no perceptible modification of the paroxysms. Ordered twenty grains Bromide Potassium to be given every hour, and, as no sleep had been obtained the night before, had this supplemented with ten grains of Hydrate of Chloral every two hours. Tongue clean, bowels regular and no indication for purgative.

23d. Had slept between paroxysms during a period of four or five hours. The intervals between paroxysms somewhat lengthened. Slight diminution in quantity of urine passed. Ordered continuation of bromide with chloral hydrate during the night.

24th. First decided break of paroxysms from 10 A. M. to 6 P. M. Exhibited considerable stupor, tongue red and dry with other symptoms of bromism. The quantity of urine passed less than one half what it was at first. Thought it was necessary to withhold the bromide but left orders for renewal if urgent symptoms recurred.

25th. Had convulsions all night before and continued through that day, but with irregular intermissions. Sometimes not over five minutes apart, then again a half hour. The tongue showed a thick, whitish, dirty looking fur. Ordered sulphate of soda to be taken in twenty grain doses every two hours, the bromide continued every two hours. Quantity of urine passed

but a little more than normal. Spec. gravity 1025. Did not test for sugar.

26th. Considerable degree of stupor, but easily aroused. Face flushed with fullness around the throat, voice hoarse, tongue heavily coated with white fur, resembling wet felt, bowels regular and discharges of urine four pints in the preceding twenty-four hours. The convulsions had ceased at 4 A. M. and did not thereafter recur.

In fact, in place of the urgent symptoms of his disease I had a case of bromism in all its distinguishing features excepting the dry red tongue which Hammond gives as one symptom of the toxic effect of the drug, but I attributed the white thick fur to irritation of the stomach by chloral hydrate. Paralysis of the right arm was complete for the time, and, feeling satisfied there would be no more convulsions, I gave him tinc. nux gtt. xxx, water four ounces, a teaspoonful every four hours. Twenty-four hours later he was passing from under the influence of the bromide; tongue cleaning, pupils of eyes contracted to normal condition, quantity of urine but little more than natural and but slight precipitate of sugar. He rapidly recovered, and for ten days there was no increase of diabetic symptoms, but at the end of that time he began to discover an increase of flow which grew upon him. He had measurably recovered the use of his arm, but incidentally with the increased flow there was considerable agitation of the muscles of the arm and twitching of the muscles of the eyes. I again prescribed the bromide of potash, which controls all nervous agitation and gives corresponding results in controlling the flow of urine.

The patient is still under treatment, therefore cannot say what may be the ultimate results, but there are some marked features both in the history and treatment of this case that have strongly impressed my mind as a *fact* the theory that has been suggested by many writers that glycosuria was probably induced by irritation and perversion of function of the nerve centers at the base of the brain. Flint (*Practice of Medicine*, p. 81), after dismissing the once conceived notion that the kidneys were the seat of the disease, does not so rapidly dispose of the liver, but finally remarks: "Moreover, certain facts render it not improbable

that a prior morbid condition of the nervous system may be involved. Bernard ascertained that by irritating the medulla oblongata at the point of connection of the pneumogastric nerve, sugar appears in the urine. A transient attack of diabetes may, in this way, be produced at will in an inferior animal. Hence it may be conjectured that diabetes occurring spontaneously is an affection of the nervous center, an abnormal influence being transmitted to the liver through the pneumogastric nerve. Were the seat and nature of diabetes established our knowledge might perhaps lead to rational indications for treatment, as it is, the therapeutics of the disease is quite unsettled." Scudder (*Practice of Medicine*, p. 549) after adverting to the investigations of Bernard, sums up his conclusions as to its cause thus, "We may then conclude that diabetes is dependent on increased hepatic action, at least so far as the formation of sugar is concerned, and deficient pulmonary action.

This last is borne out by the fact that diabetic patients usually die phthisical. I have no doubt that there is also some derangement of the blood, probably dating back to the digestive process, as the secretion of the liver, according to Bernard, is not sugar, but a substance similar to starch, and which requires a peculiar ferment to produce the transformation. It would appear from reading the above quotations that it was not clear in the minds of these authors, that from the fact that irritation of the eighth pair in the fourth ventricle would invariably produce diabetic symptoms, temporarily, that prolonged irritation might be the initial cause in its most permanent character, but possibly dependent upon some other functional derangement for its causation. I would not be willing to assert that irritation in the nerve centers should be looked to as the initial cause in every case, and can only answer that, from a study of this case above reported. I have after a most thorough search for other possible complicating causes, come to regard it as a simple uncomplicated type of the disease, clearly traceable to traumatic injury in the region of the eighth pair of nerves. Sustained and progressive, adding cumulative force to the results of Bernard's experiments, reinforced as it is by permanency. If perversion of the nisus formations of a given set of tissues by traumatism

gives unvarying results to functions they may control, why not expect the same results from idiopathic causes. It may be held as true to the law of reflex action in diabetes as in other diseases, that the primary excitation may not necessarily be in every instance in the base of the brain, but reflex from diseased organs supplied by the pneumogastric and spinal accessory. But that would not invalidate the proposition that, without irritation at the base of the brain, from immediate or remote causes we would not have diabetes.

A PLAIN CASE.

BY LYMAN WATKINS, M. D.

Was called to see Aaron C. aged 40, plethoric. 4 A. M. July 8th, 1885. Was told by his wife that he had been acting in a strange manner for a few days, although still able to follow his usual vocation. He had illusions in which he thought some imaginary enemy was lying in wait for him; that his friends were trying to defraud him; that some imaginary indefinite something was pursuing him with evil intent. He also had attacks of vertigo and there was manifested an uncertainty of purpose and causeless fits of anger. During this night proceeding the morning upon which I was called, the patient had been unable to obtain any sleep, except a short nap on first retiring, from which he was aroused by a horrifying dream that he was about to be murdered by certain negroes. This hallucination persisted and he was, with great difficulty, prevented from shooting his wife and daughter, who were, he imagined, also endeavoring to kill him. He claimed to hear voices denouncing, threatening or mocking him, voices which no one else could hear; also faces were peering and jeering at him from various parts of the room and ceiling. He slept no more that night. When I saw him at 4 A. M., his condition was as follows: Pulse, 100; temperature, 99; tongue clean, bowels regular, no appetite. There was wild excitability of manner and great terror, which he accounted for by pointing to imaginary terrific shapes which seemed to people the room. There was a constant restless motion of the hands. When he was addressed he seemed to forget his illusions, or could be

reasoned out of them temporarily. Saw him again at 11 A. M. There was an exaggeration of all the symptoms. The head and face very red and flushed, and there was a marked throbbing of the carotids. With request his tongue was protruded with a jerk. There was much sweating and he was very restless, in and out of bed many times in an hour; no appetite. So violent is he now that, at times, two or three men are required to restrain him. He continued to gradually grow worse until 4 A. M. of July 9th, when he sank into a profound stertorous coma from which it was impossible to arouse him, pulse very slow, extremities cold. This condition continued until 4 A. M. of July 10th when he suddenly aroused, more violent than before, struggled with his attendant for over an hour, then suddenly collapsed and died in a few minutes. He was a man addicted to alcoholic excess. A plain case of ———. Fill the blank to suit the symptoms, and you have it.

THE DEVELOPMENT OF PHYSICAL AND INTELLECTUAL LIFE.

BY H. T. WEBSTER, M. D.

INTRODUCTORY.

The doings of the times are truly marvelous; for though the keenly penetrating intellect of the nineteenth century has forever banished belief in the power of magic and sorcery to accomplish the wonders of the age, it scarcely grasps the surprising capabilities of the human brain. The unparalled extent to which human thought has reached out into many problems of life within modern time, strikes us with much force as we look back through the history of past centuries. The application of steam to water navigation, a project that to Columbus, with all his enterprise, would have seemed an idle dream, the iron horse, rushing with terrific speed across the continents, the electric telegraph, with its wonderful power of transmission, are still being eclipsed by human ingenuity, and what rash mind will dare attempt foretell the limit to what will yet be accomplished by the indefatigable efforts of human thought. Triumph follows

triumph. The arts and sciences receive new impulse with every passing year. The restless spirit of man is never satisfied with the acquisitions of the past. It continually looks critically at the work of its predecessors and pulls to pieces to build with better effect.

From this period of human genius it is difficult to pass, by a single leap of thought, to the possible obscurity of primeval intellect; for to regard the ancestry of such prodigious attainments in the light of beings intellectually little above brutes, seems almost revolting; and no wonder that men turn from such a picture with scorn and antagonism, for they love to boast a noble descent.

But Nature has left her records in indelible lines,—obscured, perhaps, by some changes which blinded the vision of a superstitious age, but which unbiased minds, freed from the shackles of ignorant prejudice and veneration, have been enabled to decipher, and which to-day, their interpretation made clear, stand out boldly, as landmarks, that “he who runs may read.”

Little did people believe a hundred years ago that human origin dated away back into the past so far that its antiquity might be reckoned by hundreds of thousands of years. Even to-day how few, comparatively, realize the vast extent of human experience. But the fact slowly dawns upon the minds of investigating people, that the earth is a mighty sepulcher, in which lies buried, with the animal life of past ages,—forms now extinguished forever—the dust of primitive men who lived, died, and handed down their progeny through monstrous cycles of time, during which Nature, through the ceaseless play of the elements, transformed nearly the whole face of the sphere.

Truly, men in early civilized times formed narrow views of the magnitude of Creation. The announcement of M. Boucher de Perthes that he had discovered human relics among the deposits of the glacial period was too astounding in the commonly received light of those times to admit of serious consideration and was regarded as one of the vagaries of an enthusiast. But though laughing-stock at first it was found, upon investigation, to be sustained by incontrovertible proof before which the edicts of men must ever yield. Then Lyell, Lubbock, Huxley and other intel-

lectual giants took up the subject and aided in bringing to life the science of Archeology—the study of Primitive Man.

“ Darwin’s birth marks that spot in the history of the race where evolution intersected and cut off superstition forever. To him belongs the distinction of removing a huge obstacle in the path of natural law, of opening up the stream of time from its source, and restoring the connection between man, the human plant, and the roots of his existence, without which he has been but an air plant, drifted and whipped and broken by a thousand whirlwinds of unsubstantial and baseless opinion. Like all great men, in giving the world what he knew, he has widened mental vision beyond his own conception. In amplifying his own line of thought he has turned a powerful light upon all other lines of thought in the varying intellects of men. He has dropped, a meteor in the great thought ocean of life; and though the fire is extinguished, he aroused an ever-widening circle of waves in which each atom of the ethereal mass is turned about and forced into new relations.

“It is impossible to make an estimate of this one man’s worth to the world. He has found the clue by which the race is restored to its beginnings. It is as if he had welded again the broken tap-root of a magnificent tree and established its capacity of drawing nourishment from its true sources. The race is no longer an air plant. Darwin has set it deep down in the heart of the earth; it has standing room now, and something to stand on. It has taken its start in a life of progressive and continuous growth.

“The world owes much to its poets, historians and philosophers; but how much more to those scientists who have furnished the broad pedestal on which every word of truth uttered by them must finally rest. In the world of ideas it is rapidly coming to this—that everything must pass through the testing crucible of scientific revelation and stand or fall by its verdict. All things may go, all things will go except the purely practical, of which Darwin and others of his school are the teachers. Does this annihilate poetry? We have very little poetry in its true sense. The essence of all poetry is pure truth, and truth has been and is comparatively unknown. In consequence of this,

the poetry of life is unwritten. It will be written after a while when scientific facts have blossomed into a world-wide field of strange and beautiful flowers. The time is coming when, thanks to the great men of science, every child born into life will be a poet whose poems will incarnate themselves in rare forms of use and beauty. There is neither poetry nor beauty outside of use ; use will test all things. But within the realm of use, the key to which has been furnished by scientific investigation, there will be room for things far more wonderful than has yet been dreamed of in our philosophy. "Truth is stranger than fiction ;" it is an unexplored universe opening behind as well as before us. Well may the world heap honors on the man who has stood a brilliant luminary between the seen and the unseen and divided the night from the day in the world of intellect."

To be prepared to receive the truths which investigations in archeology have brought to light within the last half century, we should know of the revelations geology has made of the various stages through which earth was brought from a very crude state to its present condition, and to be prepared for this something of a realization of the immensity of time since the beginning, should be had, for only thus will it be possible to entertain a belief in the correctness of the records. Even with the most liberal allowance we will be liable at first to fall far short of an adequate estimate; for computations, based upon careful observation, have shown that many millions of years have been passed in the consummation of the stupendous changes and revolutions which have followed one another through a long train of connected events. It is only then upon the recognition of the truth of the observation that "Changes that are rare, in Time become frequent in Eternity," that we should stand upon the threshold of this subject. Without it we are liable to emerge upon an even footing with those incredulous ones who place an implicit confidence in the chronology of Usher, which makes the earth less than six thousand years old, and regard those who differ in their views as misguided mortals.

Important natural changes are seldom accomplished in brief spaces of time. True, crises may occur, to result in radical alterations in the physical aspect of some section or part, but

these require long periods of preparation. The most stupendous changes which the earth has known are those which have gone on from century to century and from age to age, so insensibly intruding their influences that the lives of men would scarcely suffice to realize that dynamical causes were operating. But so it is, the forces of nature are constantly at work, and every moment is fraught with impulses unappreciable to the careless observer, but mighty in their influences in coming time. The icebergs of Baffin's Bay are bearing their freights of earth and rocks, to strand and deposit them on the New England coast; the Gulf Stream is moving along with its currents the deposits of the Gulf, out far into the depths of the further Atlantic. Other oceanic currents play a no less important part. The streams of the continents continually pour their freights of debris into the sea, and with the atmospherical, electrical, other chemical and even animal forces, like that of the little coral insect for instance, are slowly but surely working out the destinies of earth. Who can doubt that these causes, with many not mentioned, will, in time, even though it may not occur in our own generation or in that of our children's children, eventually transform the whole face of the earth into a new world? And yet, without the archives of history, this would occur so insensibly that the changes thus wrought would hardly be marked.

Geology, however, affords us ample evidence that we live in a new world. In many places we walk over what was once the bottom of the sea. Even our mountain ranges furnish fossils of creatures which once flourished there, and from which many of our rocks are formed. Interesting investigations in the valley of the Nile, the hot-bed of civilization, go to prove that it was once an arm of the Mediterranean Sea, which was gradually filled by the drifting sands of Sahara and the deposits of the river until it became the most productive region on the face of the earth. In 1850 Mr. Horner caused excavations to be made at the statue of Ramses, at Memphis, which, according to Lepsius, the antiquarian, was built about the year B. C. 1361. The annual overflow of the Nile leaves a deposit which steadily raises the level of the land, and the object was to obtain some data by which the rate of formation might be estimated. It was found that the

surface at that time was ten feet, six and three-fourths inches above the base of the statute, and assuming that the platform was sunk fourteen and three-fourths inches below the surface at the time of erection, nine feet and four inches still remained as the result of deposits since, an accumulation of about three and a half inches in a century. For centuries before the erection of this statute, at probably about the same rate, the banks of this river had been rising. By sinking a shaft near the pedestal and by boring in the same place it was ascertained the thickness of the old Nile mud resting on desert sand amounted to thirty-two feet, and it was therefore inferred by Mr. Horner that the lowest layer in which a fragment of burned brick was found was more than thirteen thousand years old, or was deposited thirteen thousand, four hundred and ninety-six years before the year 1850. Other excavations were made on a large scale. In the first sixteen or twenty-four feet there were dug up jars, vases, pots, a small human figure in burnt clay, a copper knife, and other articles entire. When the water, soaking through from the Nile, hindered the progress of the workmen, boring was resorted to, and almost everywhere and from all depths even where they sank sixty feet below the surface, pieces of burned brick and pottery were extracted."

Nile explorations, then, it appears, fail in throwing light upon primitive man, for it would be out of reason to suppose that the first human beings were born with a full knowledge of the methods of the manufacture of bricks, pottery etc., and though we go back into the past more than twenty thousand years, these arts were evidently practiced to perfection. But other recent formations afford ample evidence of human existence at a far earlier period. The Delta of the Mississippi has furnished proof of much greater antiquity. Mr. Forshey, an eminent engineer, after observations extending over a period of thirty years, estimated the rate of deposit to be about 144 square miles, one foot deep annually. At this enormous allowance it appears that to build up the accumulation existing there, would require more than sixty thousand years. But this is the lowest terrace; higher up are other deposits that would require more than thirty thousand years for their accumulation. Thus following for the same velo-

city of current through all the time of this deposition, we have in the neighborhood of a hundred thousand years accounted for. Sir Charles Lyell, the eminent British geologist, visited this Delta, and after careful examination coincided in the estimate of its age.

In making an excavation in New Orleans, some years ago, it was found that ten cypress forests had successively occupied the surface of the earth in that neighborhood. Careful and conscientious estimates were made by scientific observers, who determined that for the growth of each of these forests, allowing five hundred years for the deposit of the intervening strata of earth, it would occupy 14,400 years. If we then multiply this by ten we have for the oldest of these forests an antiquity of one hundred and forty-four thousand years. During the progress of the work the laborers found beneath the fourth layer, resting under the roots of a cypress stump, a fossilized human skull, which must, according to the above calculation, have been deposited more than fifty-seven thousand years before.

But it is an acknowledged fact that all recent deposits or earth beds of the recent period are liable to contain human remains, and we may reasonably search further back in more ancient times for evidence of man's existence. That he lived contemporaneously with the gigantic mammals of the early quarternary age, which are now extinct, as the mastodon and mammoth, there is not the slightest doubt, for engravings on bone, ivory and rock of the figures of the mammoth, though rudely yet faithfully executed, prove that a human knowledge of this creature, with the art to portray it, existed in its own time, and these relics have been exhumed from such localities and under such circumstances as to render it positive that no modern agency could have been concerned in its production.

While discoveries of this nature have been confined to Europe no less positive evidence of the cotemporary existence of man with the mastodon in America have been brought to light. Human bones lying in juxtaposition with those of this giant extinct mammal have been exhumed. On several occasions Dr. Koch found the bones of this creature in association with flint arrow heads and charcoal, so related as to irresistably lead to

the conclusion that the animals were killed and then exposed to the action of fire by human agency. Indeed, we might thus go tracing backward the evidences of human antiquity through the deposits of untold years, until away down the vista of time, so remote that thought can hardly grasp the reality of its duration, we may still find evidence accumulating of the high antiquity of the human race, and these not confined to any section, for all over the world relics of this character are coming to light to teach us new lessons of the past and enlarge our ideas of the future.

Man's place in nature was neither an accidental arrangement nor the result of a special creative fiat. His advent occurred only after all things were ripened to favor his existence and comfort. That he should have begun life earlier would have been as impossible as for the polar bear to exist at the equator, or the alligator to flourish amid arctic waters. There is an eternal fitness in all the operations of Nature's God which is irrevocable and which has existed through all time. The physical laws which have governed the world and its relation to surrounding planets through its varied revolutions, and which control the Universe, were as perfect when the motion of spheres began as to-day; and every organic creature that has since passed through its cycle, has obeyed the impulses of these laws. Attraction, repulsion, cohesion, heat, electricity, the laws of diffusion, and all the remaining properties of matter which the chemist has ever discovered or ever will, held their sway then as now over the destinies of organic life, as well as over the inorganic kingdom. But as the gradual transition of surrounding influences, from one extreme to another has occurred—as circumstances favoring particular phases of existence have been brought to bear—forms of life to correspond have flourished and only passed away when the requisite conditions for their continuation were no longer present.

The researches of geology have demonstrated that life arose from small beginnings on the surface of a barren and rocky planet and gradually expanded and advanced until it culminated in the highest animal type, man, and the present state of vegetable growth. In following articles we shall attempt to

sketch some of the prominent points of interest in this mighty process of evolution. The importance of geology in this subject cannot be overestimated for with the pages of the dim past before us, with the fossilized forms of animals and plants which characterized particular periods we may learn many things by deduction of the various stages of existence at those times. Geological records indicate plainly to the naturalist the condition of the climate, atmosphere and the character of the animal and plant life that marked each geological age, for the uniformity of natural laws is as far reaching as time, and when these fail the Universe will end. Geology divides earth history into seven periods or ages which are subject to various sub-divisions. First comes the Archean age, which embraces the time from the beginning to the first appearance of life, then the Silurian, in which the simplest forms began and developed into sea-plants and the class of creatures known as invertebrates. Then came the Devonian age, in which fishes arose into prominence representing the first of vertebrate life; then followed the Carboniferous Age in which vegetation reached an enormous growth and during which a great portion of the coal was deposited while amphibian life appeared in the water. After this came the Reptilian age, during which flourished monstrous beings of the reptile class. This was followed by the Tertiary age, or the Age of Mammals, during which we shall find the first appearances of human life; and this by the Quarternary age, or the Age of Man.

[TO BE CONTINUED.]

TOXICOLOGY.—SECOND PAPER.

BY A. B. MARCONNAY, PH. D. STUD. CAL. MED. COLLEGE.

Without trying to go too far into the dreaded mysteries of the law, we feel, nevertheless, obliged to show a few characteristic points of difference as given in the penal codes of the modern civilized nations, as this will enable us to arrive at a true definition of the term, "Poison." This legal definition as such is different from the scientific one.

The English law defines poison to be a destructive thing ad-

ministered to or taken by a person. It is evident that this is quite a vague definition, for, as Blythe in his manual on Toxicology quite shrewdly remarks, it would include agents, which in certain cases may be detrimental to the health, while being in general the reverse. Should, for example, a person give to another milk, or other fluid, knowing at the same time that such fluid is contaminated by the specific poison of scarlet fever, typhoid or any serious malady capable of being thus conveyed, I believe that such an offence could be brought under the section of the law: "Whoever shall administer or cause to be administered to, or taken by any person, any poison or other destructive thing, with intent to commit murder, shall be guilty of felony."

The German law, as given by Zoenissen, Messhka and others, reads thus:

"Whoever wilfully administers poison or any other substance proper to injure health, to a person, with the intent of injuring him or her, will be punished with imprisonment varying from 2 to 10 years, and if death is wilfully caused it comes under the general law and is punishable with death."

The French Code Penal says: "Poisoning is every attempt on the life of a person by means of substances which may cause death sooner or later, in whatever manner these substances may have been administered."

When we begin to look at the scientific definition of poison we find that there are many obstacles in the way prohibiting a clear and abstract definition. Huseman in his *Handbuch der Toxicologie*, says: "We define poisons as such organic or inorganic substances as are in part capable of artificial preparation, in part existing, ready formed in the animal or vegetable kingdom, which, without being able to reproduce themselves through the chemical nature of their molecules under certain conditions, change in the healthy organization the form and general relationship of the organic parts, and through annihilation of organs, or destruction of their functions, injure health, or, under certain conditions, destroy life."

Shorter and more concise is the definition given by Blythe: A substance of definite chemical composition, whether mineral or organic, may be called a poison, if it is capable of being taken

into a living organism, and causes, by its own inherent chemical nature, impairment or destruction of function.

Against this definition might be said that there are still certain poisons, especially those of the stinging insects or the venoms of poisonous snakes, which have not yet been truly and clearly analysed and whose chemical molecules have not yet been determined, but still there always can be traced in them a certain poison or a combination of different ones, and chemistry will surely arrive at a clear and concise knowledge of them.

CLASSIFICATION OF POISON.

As toxicology stands at present, there is yet no possibility to arrive at a concise classification of the different poisons which includes at the same time all their different chemical, physical and physiological properties. For this reason there has been always a difference in the arrangement of poisons by the toxicologists of different nations.

Fodiri and Orfila classify poisons physiologically into

I. CORROSIVES.

- | | | |
|--------------|---|--------------------|
| 1. Mineral | } | Corrosive poisons. |
| 2. Vegetable | | |
| 3. Animal | | |

II. NARCOTICS.

1. Chemical and pharmaceutical products.
2. Vegetable narcotics.

III. IRRITANT-NARCOTICS.

1. Chemical and pharmaceutical products.
2. Vegetable irritant narcotics.

IV. SEPTICS.

Dr. Guy uses a partly chemical and partly physiological arrangement and classifies poisons into

I. INORGANIC.

1. Corrosive.
2. Irritant,

II. ORGANIC.

1. Irritant.

2. Affecting the brain:
3. " " spinal cord.
4. " " heart.
5. " " Lungs.

These two classifications are of course very imperfect, and as it is universally acknowledged that at the present time no perfect systematic arrangement is attainable, we have to omit classification and arrange the poisons with a view to practical utility merely.

The medical needs before all, an arrangement according to the most prominent symptoms, as this will be of practical use to him when suddenly summoned to a case of real or suspected poisoning.

As such every toxicologist would easily arrive at the following scheme:

- A.* Poisons causing death immediately or in a few minutes.
- B.* Irritant poisons. Symptoms: pains, vomiting and purging.
- C.* Irritant and narcotic poisons. Symptoms: The same as combined with cerebral afflictions.
- D.* Poisons affecting the nervous system.
 1. Narcotics. Symptoms: insensibility preceded by cerebral excitement.
 2. Deliriants. Delirium for the most prominent symptom.
 3. Convulsives.
 4. Complex nervous phenomena.
 - A.* Under this head we would have to consider all strong mineral acids, irrespirable gases, prussic acid, cyanides, oxalic acids and partially strychnine.
 - B.* In this class we bring: 1st, mineral poisons, like arsenic, antimony, lead, copper, silver, mercury, zinc, iron and at last baryta and phosphorus. 2nd, vegetable poisons; digitalis, colchicum, ergot. 3d, putrid animal substances.
 - C.* To this class belong more especially oxalic acid and the oxalates.
 - D.* 1st, Producing insensibility preceded by cerebral effects are those: Opium, chloral and chloroform. 2nd, Belladonna,

hyoscyamus, stramonium, poisonous fungi, Indian hemp and camphor. 3rd, Although nearly every poison cause convulsions, the only true convulsives are alkaloids of the strychnus class. 4th, Aconite, hemlock, Calabar bean, tobacco, lobelia inflata and currara.

Blythe calls this arrangement rough and ready. So it is, but nevertheless it is very handy for the student, although it lacks one heading which I would like to see included: the effects of bites and stings from poisonous animals. Those symptoms vary so much that they will have to be divided among different classes, and we will therefore make a division partly chemical and partly symptomatic. A chemist, given any matter to analyze, will naturally first test its reaction, and by this either find mineral acids or alkalies. Not finding any indication of this kind, he would separate volatile matters from those which are fixed. Not finding anything by distillation he would have to look for the alkaloids, glucosides and their allies, and not finding any of them present he would naturally have to consider the remainder to belong to the metals.

[TO BE CONTINUED.]

SELECTIONS.

REMARKS ON THE ARACEÆ.

To-day I shall consider an order of plants known as the *Araceæ* by some, the *Aroidiæ* by others. It is a small order, but an exceedingly interesting one. These plants contain a very acrid substance, which, when it touches the skin or the mucous surfaces, produces inflammation with rawness and excoriation, and finally, ulceration. There is one member of the order, the *Diffenbachia* (supposed by some to be the same as the *Caladium seguinum*), from the broken root or stalk of which there exudes a juice, which, if chewed, causes a most frightful inflammation of the mouth, with quick development of white membrane and all the symptoms of stomatitis.

Araceæ	{	Arum triphyllum	{	Nitr. ac., Lycop., Amm. caust.
		Caladium		Baptis., Apis, Ailan.
	{	Dracontium	{	Balsam of Peru. Pix liquida, Guaiac. Eryodiction.

ARUM TRIPHYLLUM.

The so-called "Jack in the pulpit" is the first drug in the order for our consideration. This drug has an interesting history. Some twenty-five years ago, there appeared an epidemic of scarlet fever, in the course of which, nearly every case that was not promptly checked in the beginning, died. The percentage of losses under homœopathic as well as under other systems of treatment, was truly frightful. The reason for this was, we had no remedy which covered the symptoms of the epidemic. In a poor family, living in a small street, there were five children sick with this epidemic form of scarlatina. The physician who was called to attend them had lost so many cases under the usual remedies, that he thought it useless to have recourse to these.

He thought it better to try something new. *Arum triphyllum* had only been experimented with to a certain degree, at that time, but still it had been known to produce certain symptoms which led him to the selection of the drug, which he administered in a low potency. All the cases recovered. It was afterwards prescribed in other cases during the same epidemic, and with marked success. From that time to this, *Arum triphyllum* has been looked upon as a valuable drug in the treatment of diphtheria, in malignant forms of scarlet fever, and also in other fevers having a typhoid form.

In *scarlatina*, we may use *Arum triphyllum* when these symptoms are present. There is an excoriating discharge from the nose and mouth, making the nose and upper lip raw and sore. The tongue swells; its papillæ are large and red, giving it that rough feeling comparable to the cat's tongue. The throat is very sore, and the tonsils are very much swollen. Often, too, there is a dry cough which hurts the child so much that he cringes under it and will involuntarily put the hands to the throat as if to modify the pain. The discharge from the mouth, too, makes the lips and surrounding parts of the face sore, cracked and bleeding, the saliva itself being very acrid; scabs form; the child will not open his mouth. He is excitable and irritable in mind as well as in body. Thus, you see that *Arum triphyllum* is an exceedingly irritating drug. The child is restless, tosses about, is cross and sleepless at night. The eruption may come out very well and there may be double desquamation. At other times, the rash is dark and imperfectly developed; the child picks and bores its fingers into its nose or nervously picks at one spot till it bleeds. In mild cases, the urine may be quite profuse, or if it is not, the appearance of profuse urination is a sign that the remedy is acting well. In very bad cases, however, those in which the malignancy shows itself in both the internal and external symptoms, you will find developed a perfect picture of uræmia, during which the child tosses about the bed unconscious and has this involuntary picking at one spot or boring the finger into the nose; and the urine is completely suppressed. The brain is very much irritated, as shown by the restless tossing about and the boring of the head into the pillow. In such a case, *Arum tri-*

phyllum may save the patient, although, at the best, the case is an exceedingly doubtful one.

I have never seen inflammation of the brain yield to *Arum triphyllum*, unless some one or more of these symptoms were present; either irritation about the throat, mouth or nose or else this peculiar picking or boring at the nose or at one spot till it bleeds. I think that it would be indicated only when the cerebral inflammation comes from the suppression of some violently acting poison, such as we find present in scarlatina or diphtheria. Nor would I think of giving *Arum* in *uræmia* if it arose in the course of ordinary Bright's disease. I do not think it would be the remedy unless the symptoms already referred to are present.

Arum triphyllum has a marked effect on the larynx. It produces a hoarseness which is characterized by a lack of control over the vocal cords. If the speaker attempts to raise his voice, it suddenly goes off with a squeak. With this symptom you may use *Arum* in clergyman's sore throat.

Possibly the most similar remedy here in this hoarseness and in this uncertainty of voice is *Graphites*, which is an excellent remedy to give singers when they cannot control their vocal cords; when they get hoarse as soon as they begin to sing and the voice cracks.

Another remedy is *Selenium*. The patient gets hoarse as soon as he begins to sing.

Now let us study for a few moments the analogues of *Arum triphyllum*; and first of all we will consider

Nitric acid. This was formerly the only remedy we had for scarlatina maligna. It has that excoriating discharge from the nose. No remedy has it more marked, not even the *Arum*. The discharge from the nose makes the nostrils and lips sore. This is attended with great prostration. The throat is extremely sore and is covered with membrane. This membrane is of a diphtheretic character, and is either dark and offensive or else yellowish-white. The mouth (whether the disease be diphtheria or scarlatina) is studded with ulcers, ulcers which appear principally on the inside of the cheeks, on the lips and on the borders of the tongue. This ulceration is accompanied by salivation, the saliva usually being watery and very acrid, and not thick and

ropy. The pulse frequently intermits every third or fifth beat. This is a very bad symptom. Nitric acid is also preferable to any of the other remedies in diphtheria with these excoriating discharges when the disease advances and affects the stomach (whether or not the membrane in these cases spreads to the stomach, I cannot say); when with great prostration and membrane in the throat and nose, there is distress and uneasiness referred to the stomach, with total rejection of all food.

Muriatic acid is still another remedy in these malignant cases of scarlatina and diphtheria. Under this remedy there is the most intense prostration. The patient seems to have scarcely life enough to move. He is worse at about ten or eleven o'clock in the morning. The mouth is studded with ulcers having a black or dark base and dipping deep in. They tend to perforate the parts on which they are situated. Often, too, with the *Muriatic acid*, you have the intermittent pulse of Nitric acid, but in addition to that involuntary stool and urine.

In addition to Nitric acid and Muriatic acid in cases having these dangerous groups of symptoms you will think of *Alcohol*. You will remember that Grauvogl found that diphtheritic membrane was dissolved and its growth destroyed by several substances, one of them being Alcohol; so this substance has become a remedy for diphtheria. Alcohol in the form of brandy and water tends not only to destroy the growth, but also aids in counteracting the terrible prostration.

Lycopodium is similar to *Arum triphyllum* in scarlatina and in diphtheria. It has a similar discharge from the nose, usually associated, however, with dull, throbbing headache at the root of the nose or over the eyes. The nose is so stuffed up that the child cannot breathe at night. The patient bores and picks at the nose just as under *Arum triphyllum*. You will find in the *Lycopodium* case that the diphtheritic deposit travels from the right to the left. The patient is always worse from sleep, even after a short nap. He suddenly awakens from sleep, crying out as if frightened; nothing can be done to pacify him. He is irritable and peevish. In still worse cases calling for *Lycopodium*, you will find the child unconscious and in a deep sleep. The lower jaw drops, the urine is scanty or even suppressed, and

what does pass stains the bedding or clothing red and deposits a red sand. The breathing is rapid and rather rattling and a little snoring. Every symptom points to impending paralysis of the brain.

Ammonium causticum was first suggested by Dr. J. P. Dake, for diphtheria appearing in the nasal cavities with a burning, ex-coriating discharge from the nose and great prostration. The symptoms above mentioned led Dr. Dake to use the remedy in an epidemic which appeared in Nashville, Tennessee.

Lastly, let me mention *Ailanthus*. The history of this drug is as follows: Dr. P. P. Wells, of Brooklyn, had two cases of poisoning in children. As he states, it would certainly seem that he had to treat malignant cases of scarlatina; but there being no such epidemic about at the time, he looked for other causes, and found that the little ones had been chewing the blossoms of the *Ailanthus*. This told him at once that the *Ailanthus* would probably become a remedy in scarlatina. He made provings of the drug, and found that the provings only confirmed what he had already learned from these poisoning cases. Since then this remedy has been used many times and successfully too. A year ago I attended a poor child with scarlatina. The child lay in a stupor with mouth wide open. The throat was swollen, the nose stuffed up, and what little rash there was out on the body, was dark and mixed with dark-bluish spots. I gave *Lycopodium* without any benefit whatever. The child grew worse instead of better. I then thought of *Ailanthus*, and gave it in the sixth potency, with the result of completely curing the child. I believe that the patient would have died had it not been for the *Ailanthus*. Wherein does *Ailanthus* resemble *Arum triphyllum*? It resembles it in the acridity of the discharges. There are ex-coriating discharges from the mouth and nose, making the lips sore. We find a similar swelling of the throat, both inside and outside. So far as these superficial symptoms are concerned, you have identical cases. But there is a great difference to be recognized in the other symptoms. The *Ailanthus* patient becomes drowsy and lies in a stupor, hence it is indicated when there is present torpidity rather than the restless tossing about as

under *Arum triphyllum*. The *Ailanthus* rash comes out imperfectly; it is dark-red or bluish, and is mixed with petechiæ.

Some little time ago, some members of the class requested that I should speak of the remedies useful in diphtheria; so while I am on the subject of *Arum* and its analogues in this affection, I will take the opportunity to accede in part to that request.

Baptisia tinctoria, you know, has long enjoyed a great reputation in typhoid fever. It has lately been used in diphtheria, and in scarlatina also when the child is very much prostrated and lies in a half stupid state almost like one intoxicated. The face is dark-red and has a besotted look, and the discharges from the mouth and nose are horribly offensive; so much so, indeed, that one might suppose that gangrene of the affected parts had taken place.

Rhus tox. we find indicated in pretty severe cases, when the membrane is dark in color and bloody saliva runs out of the mouth during sleep. These symptoms are associated with inflammation of the glands about the neck, with a dark, erysipelatous hue.

Phytolacca decandra we find useful when, in the beginning of the disease, there are creeps and chills and backache. The patient is weak, and feels faint when he sits up in bed. On looking into the throat you find it dark-red, almost purple. There is great burning in the throat, with aggravation from hot drinks.

Amygdala amara, when there are sharp, lacinating pains through the swollen tonsils. The palate and fauces have a dark-red hue, and the patient is very much prostrated.

Naja tripudians is to be administered when there is impending paralysis of the heart. The patient is blue. He awakens from sleep gasping. The pulse is intermittent and thready. Dr. Preston, of Norristown, has been very successful with *Naja* when the symptoms I have mentioned were present.

Apis mellifica is, I think, indicated in true diphtheria. From the very beginning the child is greatly prostrated. There is not much fever; in fact, there is a suspicious absence of heat. The pulse ranges from 130 to 140, and is very weak. At first, you find the throat having a varnished appearance as though the ton-

sils and fauces were coated with a glossy red varnish. The membrane forms on either tonsil, oftener on the right than on the left, and it is thick like wash-leather. The tongue is often swollen. If the child is old enough, he will complain of a sensation of fullness in the throat, which necessitates swallowing but making the act very difficult. The uvula, in fact the whole throat, is œdematous and swollen. The *rima glottidis* is swollen, red, and œdematous, making breathing difficult. In some of these cases the breath is very fetid, while in others it is not so in the least. In some cases there appears a red rash over the body; this rash greatly resembling scarlatina.

Arsenicum album is called for in rather severe cases of diphtheria when the throat is very much swollen both internally and externally, when the membrane has a dark hue and is very fetid. There is a thin excoriating discharge from the nose. The throat is œdematous, just as it is under *Apis*. The patient is restless, especially after midnight. The urine is scanty. The bowels are constipated, or else there is an offensive watery diarrhœa.

Natrum arseniosum is the remedy when there is a dark-purplish hue to the throat, with great swelling and great prostration and without much pain.

Kali permang. is useful when the membrane in the throat is horribly offensive. The throat is œdematous, and there is a thin discharge from the nose; the main characteristic of the drug being this extreme fœtor.

Lachesis is called for when the membrane forms first on the left tonsil and spreads thence to the right. How are you to distinguish it from other drugs which act in a similar manner? By the following symptoms: The symptoms are worse from empty swallowing, and they are often relieved by eating or swallowing solid food. There is a constant feeling of a lump on the left side of the throat; this descends with each act of deglutition, but returns again. Sometimes, on arousing from sleep there is a feeling as if there were needles in the throat, which creates suffocation. Sometimes, when the tonsils are very much swollen, fluids return through the nose. The fauces are of a dark-purplish color, and

there is great prostration. The heart is weak in its action. There is aggravation after sleep, and the throat is sensitive to the slightest touch.

Belladonna is not a prominent remedy in diphtheria. When you do give it in this disease, make sure that it is the remedy or you will lose valuable time. It may, however, be the remedy in the early stages when the violence of the attack calls for it; when there is congestion of the head before the membrane has formed.

Other remedies than those just mentioned are frequently indicated, for example, *Kalibichromicum*, *Iodine*, *Bromine*, *Merc. bin.*, *Merc. cyan.*, and others. The indications for these you will get in future lectures.

CALADIUM SEGUINUM.

Caladium is indicated in stout persons of flabby fibre who are subject to catarrhal asthma, that is, asthma with the production of mucus which is not readily raised but which, when raised, gives relief to the patient.

It is a remedy to be remembered in spermatorrhœa or in seminal weakness, particularly in nocturnal emissions when there is complete relaxation of the organs, so that emission occurs without dreams, or if there be a dream it is entirely foreign to sexual subjects. So you see it is indicated in far advanced cases without erections.

DRACONTIUM.

I bring this drug before you in order to say a few words concerning the remedies similar to it. Dracontium has never been proved in the high potencies. It produces symptoms similar in nature to those of *Arum triphyllum*, only it acts on a lower portion of the respiratory apparatus than does that drug. *Arum* produces a laryngeal cough. *Dracontium* acts on the trachea and bronchial tubes, giving rise to a violent attack of bronchial catarrh, with rapid formation first of burning, watery discharge, and later, quick development of pus or muco-pus, hence it has as symptoms yellowish purulent discharge, with great burning and rawness, and other symptoms of violent inflammation.

Alongside of *Dracontium* I have placed on the board a list of

remedies, some of which may be unknown to you. The *Balsam of Peru* must be remembered as an admirable remedy in bronchial catarrh when there is formation of muco-pus. When you place your ear to the chest you detect loud rales. The expectoration is thick, creamy, and yellowish-white. The Balsam of Peru is an excellent remedy, even though night-sweats and hectic show the disease to be progressing to an alarming condition. This drug I use in a low potency.

Next below I place *Pix liquida*, which is not only an excellent remedy in bronchial catarrh but also in phthisis pulmonalis. It is indicated by the expectoration of purulent matter offensive in odor and taste, and accompanied by pain referred to the left third costal cartilage (really in the left bronchus). This pain may or may not apparently go through to the back. In such cases, *Pix liquida* is the remedy. It is especially indicated in the third stage of phthisis.

Next to this I have placed *Guaiacum*, which is also to be thought of in the last stage of tuberculosis, when there are pleuritic pains referred to the left apex, and in addition offensive muco-purulent sputum.

Eryodiction Californicum (also called *Yerba Santa*) has as yet a very limited symptomatology, but it has been used successfully in what we may call bronchial phthisis. The patient has night-sweats, and the body wastes away. There is great intolerance of food. It is called for in phthisis the result of frequent bronchial catarrhs, and also in asthma relieved by expectoration.—*E. A. Farrington, M. D., in Hahnemannian Monthly.*

FLUID EXTRACT OF KAVA KAVA IN THE TREATMENT OF GONORRHŒA.

For several years I have substituted for the balsam copaiva, or cubebs, or both, according to circumstances, the fluid extract of kava kava. I have rarely found copaiva or cubebs alone sufficient for the cure of the disease. The former very often causes annoying skin-eruptions before it has produced the effects for which it has been prescribed, and I have been obliged to lay it aside. Cubebs has not proved more successful in my hands. I

have tried cubebs alone, in powder and in a fluid extract, and when it has not succeeded I have combined it with the balsam copaiva. One of the great objections to the use of copaiva is its extremely nauseating taste, and another is the amount of disturbance it produces in the stomach. The fact last stated is the reason why I have given up entirely the use of copaiva in my hospital practice. The cases one meets with in a large hospital practice, suffering from gonorrhœa, are generally those of broken down subjects who have more or less catarrh of the stomach, and in which their digestion is very poor.

A patient and friend, when abroad a few years ago, unfortunately contracted a gonorrhœa while visiting Paris. He wrote to me and asked for a prescription. I sent him one containing balsam copaiva and fluid extract of cubebs. Several months later the patient called on me at my office, told me he had received my prescription, and had it prepared, but that after taking a few doses he was compelled to give it up, as it caused so much disturbance to his stomach. He went a few days without treatment, when his testicle commenced swelling and caused him so much annoyance and pain that he was compelled to send for a surgeon, who strapped the organ, and ordered him some medicine to take, remarking at the same time that it was a new drug for gonorrhœa. In two weeks my friend was all right.

It so happened that another one of the party contracted the same disease a short time afterward, and was also cured with but little loss of time. This gentleman was so much pleased with the medicine (having had the disease several times, and always having copavia or cubebs prescribed for him, which invariably produced more or less nausea and destroyed his appetite), that he secured a copy of the prescription for future use.

After my friend had related the above, I asked him if he would try and obtain for me a copy. This he did in a few days. The prescription was for infusion of kava kava, half-ounce, four times a day.

Having a little leisure, I looked the matter up, and found that the drug has been used in France for a considerable period. It was first recommended for gonorrhœa about 1857.

The best account of the drug that I have been able to find is

in the *New Remedies* for October, 1876. From this I give a short extract:

“Kava kava is a shrub about six or eight feet high, with stems varying from one to two inches in thickness. The leaves vary from six to eight inches in length, and are nearly as broad as they are long. They are cordate, tapering somewhat suddenly into a very short acute apex. The petiole is usually one or two inches long, and is dilated at its base. The root is large and fibrous, but rather light and spongy in texture. The root has a pleasant odor, resembling lilac. It has a slightly pungent taste, and causes an increased flow of saliva, with a slightly astringent sensation in the mouth, with a little bitterness. The root and base of the stems are the portion generally used.

“The form in which it is generally used in medicine is an infusion made by macerating about one drachm of the scraped root in a quart of water, and also a fluid extract, one minim representing one grain of the root. The last preparation is the best suited for general use.

“The action of kava-root appears to vary with the amount taken. In small doses it is said to act generally as a stimulant and tonic; but when taken in large doses it produces intoxication, which differs from that caused by alcohol in being of a silent and drowsy nature, accompanied by incoherent dreams, the drinker not being quarrelsome or excited. The taste of the plant is pleasant, while its bitterness improves the appetite and does not produce nausea.”

During the past two years I have treated in all 105 cases of gonorrhœa; of these, 34 were in private practice, and 71 were at the hospital. The majority of those treated in hospital practice had had the disease once or oftener previous to the attack from which they were suffering when they first consulted me. One patient, a Swedish sailor, claimed that he had had the disease a dozen times, and stated that he had been operated upon by the late Dr. George Atkinson for stricture. When I first saw him he was suffering from a sharp attack of gonorrhœa; his testicle was swollen, and altogether he was in a bad condition. He was ordered to take fluid extract of kava kava in thirty-minim doses four times a day, and to apply a wash of liq. plumbi

et opii to the inflamed organ. In three weeks the discharge had dwindled down to a watery condition, which remained in spite of all I could do. After trying all known means, I was compelled to cut him. He stood the operation badly, and made slow recovery; but in two months the wound had healed, and the discharge had entirely dried up. This case was the longest one on my table.

Of the 71 cases treated at the hospital, 43 were discharged, in from six to nine weeks, cured; 13 improved, but were lost sight of before two weeks had passed; 7 never returned; and in 8 the drug did not seem to have any effect.

Of the cases in private practice, nearly two-thirds were suffering from the disease for the first time when they consulted me. The longest period that a patient of this class remained under my care was thirteen weeks. This case was that of a gentleman, and a member of one of the New York clubs. He was a bachelor, addicted to good living, and particularly fond of champagne. In spite of my warnings, after he came under my treatment, he took his wine occasionally, with the invariable result of starting up a brisk discharge. After repeating this several times, he at last left his wine alone for three weeks, when the discharge entirely ceased.

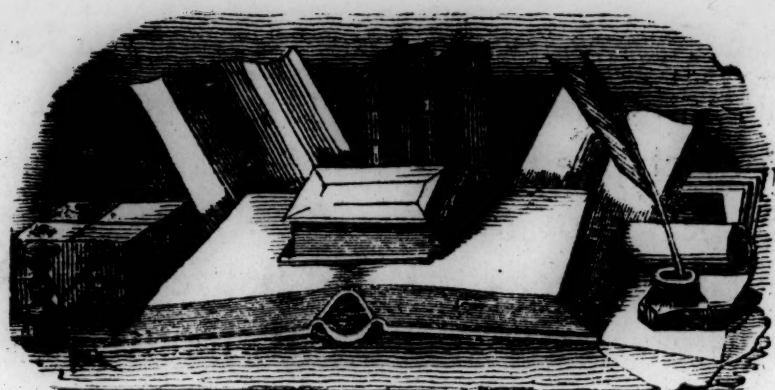
The shortest period that any patient suffering from this disease has been under my care was twenty-seven days. This was the case of a young man at college, who, while spending a few days at home, chanced to contract a mild gonorrhœa. When he first consulted me about the discharge, he could hardly believe what I told him. To convince him I examined the young woman with whom he had had intercourse, and found her recovering from gonorrhœa. She had been treated by a New York surgeon, who informed me by letter that she had been under treatment for six weeks. It so happened that this young woman shared her favors with several young men. The morning following this examination, I was called upon by a friend of the last patient, who acknowledged having had intercourse with this same girl on the morning of the day she called upon me. Having learned that his college friend had contracted his disease from her, he was greatly alarmed, fearing that he also might have

taken it. I examined him carefully, but could not discover the least evidence of any trouble. To pacify him, I injected his urethra with a solution of hyd. bichlor., one in five hundred, and placed him on twenty-minim doses of kava kava three times daily. At the end of one week he presented no evidence of disease, and was discharged.

The average period of gonorrhœa patients under my treatment has been about nine weeks. I had but few complications. In only three cases was there swelling of the testicle. About one-fifth suffered from chordee.

In none of the cases was there any trouble with the stomach resulting from the use of kava kava. In over one-half the appetite was improved and increased. In one case the peculiar effect of the drug was manifested. The patient was a married man, whose wife was in the country when he contracted the disease. As he expected her home in three or four weeks, he was anxious to get well. Under the influence of this feeling, he took much more of the drug than had been prescribed. Instead of taking it every four hours, he took it every three. At the end of the third day I was sent for. I found my patient suffering from a mild form of delusion. I stopped the medicine and gave a small dose of opium. By morning he was feeling all right. This is the only case that showed this symptom.

My usual prescription is from twenty to thirty minims of the fluid extract of kava kava, in water, to be repeated every four or five hours, as the case may be. The patient is restricted to plain food and plenty of milk, with Vichy water. He is not allowed to indulge in alcoholic drinks, in tea or coffee. Smoking (if he has the habit) must be given up for the time. The bowels must be moved gently, and care must be taken that the patient does not become constipated. From what I have seen, however, in connection with the use of the drug, I am inclined to think that it is mildly laxative, as all my patients, while taking it, had one or more movements from the bowels each day.—*Herbert C. Rogers, M. D., in Medical Record.*



EDITORIAL.

A Boycotter Squirms.—Dr. Trembly, one of Oakland's "regular" physicians, and as we understand an ardent supporter of the code, one who would go out of his way to wipe out all the irregulars in the world, employs Chinese help. Recently the Central Anti-Chinese League of this county declared his name among those under the ban of the boycott and it was so published in the official paper of the organization.

Evidently to the worthy Doctor there is a vast difference whose ox is gored. A conspiracy to defraud a free people of the privilege of employing such physicians as they choose and prevent any but "regular" physicians from practicing is perfectly consistent, because "regular," but he ought to see that it is just as much an outrage, and indeed more of one than that perpetrated by the boycotters in withdrawing patronage from him because he employs Chinamen. We regard the boycott in his case as very appropriate, in that it may set him thinking upon the sinfulness of his own ways if nothing else. Below we reprint a communication over his signature which appeared in the Oakland *Tribune* of May 18th, of the current year. Under all the circumstances an Eclectic can see nothing but a very rich joke in the whole affair :

EDITOR *Tribune* : In your issue of Saturday evening is a communication from E. W. Playter in which it is assumed that the Mayor is the head of the police department. If so, some suggestions might not be without effect, to quiet the fear and excitement now prevailing throughout a large majority of the

homes in the city of Oakland, relative to the many burglaries and robberies which are of night and day occurrence.

In the first place the Mayor and police force have allowed the lawless and criminal class to intrude themselves in large numbers upon the city, without scarcely a protest, and the people are now reaping the result of neglected duty.

Burglars, robbers and murderers are always in limited numbers in every community, but when unlawful conspiracies are engaged in by secret organizations who send out their emissaries to menace, to intimidate, to threaten, to destroy the business of law abiding, peaceful, tax-paying citizens, without even a protest from those who have the peace and welfare of the city in their hands, what can be expected other than crime will run riot, general distrust will exist among men, and the first law of nature will be appealed to by each individual?

It seems—it is high time—that the authorities to whom the citizens of Oakland have delegated their legal and constitutional rights to protect and defend, should put forth vigorous action or return the authority as conservators of the peace back to the people.

It is well known by the Mayor and police force, that men, criminals, stalk the streets daily, with pencil and memorandum in hand for the sole avowed purpose of marking and destroying the business of persons, families, individual vocations, firms and corporations, without even a mild reprimand. Not only is this conspiracy existing as a secret organization, but it tells its motives and what it means to accomplish—to destroy the business and means whereby men earn an honest living for themselves and families. Every person engaged in this conspiracy has crossed the line which separates the law-abiding citizen from the criminal, and should be arrested and punished without hesitation. Citizens see these red symbols of communism, and become alarmed when they see no effort is being made to stifle this alien monster, which threatens the liberties on which are founded the proud name of American citizenship.

Suggestions to those in power generally are of no avail, but in this particular emergency it would be well to have a few mounted police to patrol the city in addition to the police force that now exists, and make special policemen in every neighborhood, perhaps several hundred in the city. Let these report to the mounted police as they come round several times in each 24 hours, of each suspicious-unemployed person seen around in the streets, either day or night. Such methods might be adopted until every criminal or person suspected of crime were either arrested or driven from the city.

Oil of Mullein.—The verbascum thapsus or mullein common to old fields in many parts of the Eastern and Middle States has long held a place in our materia medica. King asserts that it exerts an influence on the respiratory membrane to relieve coughs and arrest pulmonary hemorrhage, also on the intestinal mucous membrane to relieve irritations of that part and to relieve irritability of the urinary tract. He also states that the flowers placed in a well corked bottle and exposed to the action of the sun will yield an excellent relaxing oil. He also recommends the smoking of the leaves in asthma and laryngeal affections.

Dr. A. M. Cushing, of Lynn, Mass., recently reported to the *U. S. Medical Investigator* the following uses of the oil made in the above manner: "My father's house was the home for all poor tramps as well as ministers, etc. He fell into the river, got water in his ears and was quite deaf for months. A blind man called heard loud conversation asked the cause, etc., then said for the kindness received he would tell us how to make something that would surely cure him and it was worth a thousand dollars in New York city. We made the oil put it in his ears at night and he was well in the morning. For years we kept a bottle of it and it traveled all around the towns and did wonders. That was when I was a youngster. When I studied medicine I wanted to know if it was homeopathic and made a proving and developed the symptoms of almost constant but slight involuntary urination keeping my pants wet."

In an article in the *Investigator* of July 19th, 1884, the Doctor reports the following case: A young man, aged about 17, had never slept away from home as he always wet the bed. The best of the old school doctors had failed to cure him. One prescription of mullein oil cured him in three weeks and he remained cured.

A writer in the *Homeopathic Recorder* commenting on the remedy says: "We had occasion to verify its effectiveness quite recently. Little Walther T. aged 6½ was subject to periodic attacks of otitis lasting generally from four to five days and nights, accompanied with slight flux from the ear. Pulsatilla followed by tellurium 30 generally quieted him, but these attacks were followed by an annoying deafness which would last from three to four weeks.

Walther was taken with another attack early in November, about 1 A. M., and in the morning was still suffering. We procured some of the verbascum oil poured four or five drops into his ear and within a few hours the boy was as lively as a cricket and without a trace of the usual deafness.

To prepare this a bottle should be filled with fresh mullein blossoms and hung in the sun for from four to five weeks. A quart of blossoms will yield two or three ounces of oil.

Lum Smith vs. Pierce.—Mr. Lum Smith, of Philadelphia, the quack and fraud annihilator, has just called the attention of Mrs. President James A. Garfield to the disgraceful fact that Dr. R. V. Pierce, the Buffalo quack, is hawking and scattering broadcast millions of his disgusting yellow-back medical pamphlets, containing, as alleged by Pierce, "President Garfield's endorsement of the Invalid's Hotel and Surgical Institute and its founder." Mr. Smith in also calling the attention of Congress on March 27th to Pierce's insults to Mrs. Garfield and to Americans in general, and to the memory of the lamented Garfield, stated: "This inhuman attempt on the part of an advertising quack to make the honored name of a dead President act as a decoy to deceive and defraud the 'unfortunate youth' and the poor and sick throughout the country, is not only atrocious but establishes a demoralizing precedent, and as such demands your prompt consideration and interference." Mr. Smith furthermore stated that he had letters from Dr. Pierce's patients, stating that he had used their names in advertising without any authority. Also, "relatives of two of Pierce's alleged patients testify that the 'cured' have been dead five to eight years respectively." Taking everything into consideration, matters are growing rather squirmish for Pierce just now, he is reaping the harvest of his personal circular villifying Lum Smith, who's intrinsic value is only too well known to the honorable portion of the journalistic world. We can conceive but one termination of this warfare—Pierce will have to take a back seat and Lum Smith will come out, as usual, victor in the fight of honesty against fraud.

M.

Breach of Confidence.—A note in one of our exchanges asks the question whether or not it would be a breach of confidence on the part of a physician, who has been called upon by a convict, having received injuries in making his escape from prison, to inform the police.

In our estimation it would be as great a breach of confidence as it would be to inform a woman of the fact that her husband had loved well but not wisely during her stay at Saratoga or elsewhere. If the police are foolish enough to let a man escape after they have once laid their clutches upon him and housed him in the tanks, then let them catch him if they can. A man in our neck of the country would be considered insane if he did not avail himself of a presenting opportunity to say farewell to a boarding house of that kind, without stopping to pay due respects to the landlord. If in his zeal the gentleman steps into a chuck hole and sprains or dislocates an ankle, or injures himself in any manner necessitating his appearance in a neighboring surgeon's office, it would be a felony upon the part of that member of the Esculapian family to "peach" on him. The patient may have left his purse in the hotel safe, and of course, in that case, be unable to pay the surgeon for his services, still the latter must not forget that the former is like himself, a professional man. Leaving all joking aside, a true physician has a silent tongue in all cases—under all circumstances when it comes to revealing any confidential matters he may possess. M.

A Proposition for the Benefit of Dead-beats.—The physician perhaps of all men is most frequently the victim of dead-beats. The dictates of humanity render it expedient that he should go when called upon. Often he enters upon a case which may occupy his time for a number of days or weeks, and when pay-day comes the patient pleads impecuniosty or turns the cold shoulder on him. Legal proceedings often prove vexatious and expensive, illustrating the old adage, "Sue a beggar and catch a louse."

Recently a scheme has been set on foot by which it is proposed to form a protective union for the purpose of protection against this class of persons. Printed forms are issued by the

manager of the union stating that the names of delinquents will be published and made known to all physicians in the United States unless the amount due is forthwith coming. These are furnished the physician, who pays a nominal annual due to be a member of the Association. The blanks are to be duly filled and sent to delinquents with a statement of the amount due.

It is said that this plan has proven very effective in bringing some hitherto very incorrigible dead-beats to time.

The California Medical College.—This well known and able institution will begin the intermediate term on the 6th day of June, 1886. The College has weathered through seven years, knocked out its opposing enemies and stands her ground with haughty mein and fearless eye. Proud of the fact that it has dared to raise and maintain the eclectic banner upon the Pacific Coast. its prospects are growing brighter daily, and this coming term already shows unmistakeable signs of surpassing any of the previous terms. Applications are being rapidly made for matriculation. A large number of new faces will undoubtedly fill up the amphitheater seats this coming summer. We have labored under difficulties of every discription, have been attacked by the fire fiend and have been deluged in water, but still we live and glide along over our rough path, gradually but surely pushing our way onward to the time when we shall have laid our opposing forces by the wayside sleeping the sleep of the wicked dead. M.

MISCELLANEOUS PARAGRAPHS.

Professor Billroth has gone to Egypt on account of ill health.

Oil of turpentine is gaining a high position in the treatment of fistulæ. Used as an injection.

Cocaine is Methylbenzomethoxyethyltetrahydropyridinecarboxylate. How's that for high?

The stomach and the pocket once had a dispute as to which had the most influence over its possessor. The stomach carried the pastry.—*Southern Practioner*.

"Death from exposure" was the verdict recently rendered by a Montana coronor's jury, who sat on the remains of a man who had been found hanging where the vigilantes left him.—*Medical Age*.

An excellent local application for "swelled testicle" is a paste formed of equal parts of subnitrate of bismuth and water. It removes the pain at once, and gradually reduces the swelling.—*Medical World*.

If the average surgeon follows Lawson Tait's advice, he would be obliged to make "legal explanation" often. Tait says: "If you don't know what is the matter with a woman, cut her open and find out."—*Chicago Medical Times*.

It will pay every reader of this JOURNAL to send 16 cents in stamps to the Joseph Dixon Crucible Co., of Jersey City, N. J., for samples of lead pencils. By mentioning this journal they will receive pencils worth double the amount.

Chicago, Milwaukee and New York are genuine mints for the surgeons located there, judging from the broken skulls reported daily. Perhaps some of the more enterprising "Sawbones" are in league with the various striking chiefs. We hope not.

A Los Angeles mother, in response to her Doctor's inquiry as to whether her boy's bowels had moved, replied with alacrity: "Oh yes, he had a copious evacuation of the rectum immediately previous to luncheon."—*Southern California Practitioner*.

A mathematical problem. How much money will a journal with a circulation of two thousand and a subscription price of one dollar per year, realize in six years, its subscribers constantly forgetting that they owe the one dollar. Moral—Please pay up.

WARNING.—A terrible mistake was made recently. A young woman was suffering from an eye affection. An operation was decided upon, and the patient put under chloroform, when one of the eyes was successfully removed. When the patient recovered consciousness, it was found that the good eye had been removed. The physician was so overcome that he fled from the house. A suit will be entered for malpractice.—*Technics*

A letter from Berlin to the *Therapeutic Gazette* reports the case of a girl of eight with gonorrhœal rheumatism, communicated by connection with a boy of twelve.—*Southern Practitioner*.

Many authorities now claim that when the pulse of the foetus is under one hundred and thirty-five per minute, it is in all probability of the male sex; while when between one hundred and thirty-five and one hundred and forty-five it is of the female persuasion.

A succession of direful shrieks is heard on the first floor. Fond mother: "What is the matter with Billy?" Colored servant: "Please ma'am he is crying about the dewberries." He can't have any more. He has had four saucerfuls already." "Dem is de berry ones he is whooping about. He's all swolled up."—*N. E. Medical Monthly*.

When a great ruler dies in Europe some one calls in his ear three times. Once is enough in Kentucky. A friend steps reverently to the couch of the deceased and whispers—not necessarily loud—"Let's take a drink." If he makes no reply, then he is dead beyond preadventure, and the funeral is proceeded with.—*Archives of Pediatrics*..

There is an old adage to the effect that one must go away from home to learn the news. As an illustration, we learn from the Cincinnati *Lancet and Clinic*, that there is a dentist in Michigan called Smith, the sign over whose shop door reads: "Teeth Extracted Without Enny Pane. Laffin Gas (10) Cents a Ha Ha!"—*Medical Age*.

An old item published in 1774 says: "Man is engendered in bed, and there begets other men; he is born in bed, sleeps in bed, wakes in bed, dreams, meditates, enjoys divine pleasure, suffers mental and physical agonies in bed, and dies in bed." We might add, that taking all things in consideration the bed is a "durned" useful piece of furniture.

The first successful excision of an endocranial tumor was recently made by Dr. Durante, of Rome. The patient was a middle aged woman, with a fusi-cellular sarcoma arising from

the dura mater at the base of the left anterior lobe of the brain. The growth caused left exophthalmos, loss of sense of smell on left side, and mental hebetude. The patient made a good recovery.—*Medical Record*.

The *Indiana Medical Journal* tells of a well-informed medical student who wished to parade his knowledge before his sweetheart, who complained to him of a sore throat. Asking for a spoon he depressed her tongue, and after gazing learnedly for a time into the mammoth cave before him, he solemnly informed the young lady that her vulva was greatly elongated. That student can certainly diagnose a case of clitoritis by looking into the patient's mouth. We wish him success.

Dr. Narich, of Smyrna, publishes in the *Progress Medicale* of January 30th the history of a case of intermittent fever extending over a year, not susceptible to the influence of quinine. From January 20th to 27th, an injection of forty centigrammes of crystallized phenic acid and fifty grammes of distilled water was made, night and morning, in the left arm. From the time the first injection was made, a period of nine months, the patient has been entirely free from the attacks.—*Medical World*.

This reminds us. One day while attending college an old lady presented herself at the ophthalmological clinic. The Professor of ophthalmology invited the students to examine the case and diagnose it. The Professor of ophthalmology who, by the way, is a great joker stood in the background watching every student with a broad grin upon his face. When all had finished they gave their opinions and, as doctors' opinions generally are, no two were alike. The Professor however, told them that they had all agreed in one thing, that was, they had all examined the patient's glass eye instead of the diseased natural one.

Dr. G. L. Long, of the Class of '86, writes us that he has temporarily located at Fresno, Cal. He tells us that he is doing fairly well, but that the cases of "highstrikes" with which he meets are very annoying, but believes he will be able to manage them if the traces don't burst.

WHY SHE KNEW IT WAS A BOY.—“If you please, mum, my month is up to-day, and I will take my wages and go.”

“My gracious, Bridget, you must stay another month. You know I expect to be sick soon. I will raise your wages.”

“I can't stay mum.”

“But, Bridget think of my confinement.”

“I'm sorry, mum, but I have taken another situation. But I hope the boy will be a fine one, and grow up to be as good as his father.”

“Why are you so positive, Bridget? It might be a daughter.”

“No, mum, it's certain to be a boy; no girl would stay with *you* nine months.”

UTERINE TONIC.—Aletris Cordial (Rio) is, without doubt, an excellent Uterine Tonic. I am more than pleased with the satisfactory results produced by its use in cases of Uterine troubles which have come under my observation. I regard it as an invaluable medicine.

H. T. Cox, M. D.

Mobile, Ala.

Dr. T. Gaillard Thomas, in a lecture published in the *Physician and Surgeon*, recommends the following method for the induction of premature labor: The patient is placed across the bed, with the buttocks resting near the edge, and under her is arranged a large piece of rubber oil-cloth, in such a way as to drain into a tub on the floor, in which is one or two gallons of water, at a temperature of 98° F. The knees of the patient being properly supported, a syringe with a long nozzle is carried as far into the cervical canal as it will go, and a steady stream of water is directed against the membranes. When dilatation to the extent of a half-dollar is completed, which will be in the course of ten minutes, a gum catheter is inserted between the membranes and the uterine walls, the patient is put to bed, and the labor is then allowed to proceed naturally. Dr. Thomas says that this operation constitutes one of the greatest advances that has ever been made in the obstetric art; and that he considers it no mean triumph to be able thus to preserve a human life, which, without the aid of the operation, would inevitably have been lost. He says he can point to two dozen or more children in New York City whose lives were saved by this operation.

CHANCER.—Von Hebra, of Vienna, successfully treats chancre in four or five days by the topical use of salicylic acid. The method consists in thoroughly cleansing the parts with tepid water and soap, especially where lead, zinc or silver has been employed, covering the sore with salicylic acid powder, and retaining it in place with adhesive straps. The dressings are renewed once or twice a day as occasion requires. The advantage claimed for this method is the prevention of chancrous buboe.—*Medical Brief*.

HORSFORDS ACID PHOSPHATE.—There are no substances that play a more important part in animal economy than the phosphates. Every mental exertion induces an augmented waste of the phosphates. Wherever there are functions that seem to be suspended, we may be almost sure to find it occasioned by want of phosphates. Horsford's Acid Phosphate supplies that waste, and imparts new energy to the brain, gives the feeling and sense of increased intellectual power, and tones and braces up the whole system.

POISON IN COLORED STOCKINGS.—Two weeks ago a young daughter of Jacob Niper, of Petersburg, N. Y., walked a distance of two miles with her parents, wearing new shoes and red stockings. The shoes were tight and greatly irritated her feet. Three days afterwards her feet began to swell, and three days later still both legs were swollen to nearly twice their natural size and the girl's mind became affected. Tuesday she was attacked with spasms, which continued for some time at intervals of from five to ten minutes. She died in great agony. Blood poisoning, induced by the coloring matter in the stockings, is supposed to have caused her death.—*Eastern Medical Journal*.

A NEW GALACTOGOGUE.—*Ditana digitifolia*, a Mexican plant, has been recently put forward by Prof. Giurleo, at a medical congress at Naples, as a galactagogue. He mentioned several instances in which the infusion had been given to nursing women, and had produced a marked effect, inducing a considerable secretion of milk, even when the flow had been nearly

suppressed. The flowers are also credited with sudorific properties. On the other hand, Prof. Giurleo finds that *ramnus alaternus* and *ligustrum vulgare* diminish the secretion of milk. This property in the first named plant was, however, pointed out forty years ago. It is administered in the form of an infusion of three grammes of the leaves in 150 grammes of water once every twelve hours.—*Medical Age*.

I have given Peacock's Bromides a *thorough test* and am pleased to state that after an experience of twenty-five years I have never found any remedy which acts so surely as this preparation does. I am sure that in the near future, especially in the treatment of the brain and nerves, it is destined to take the place of the older preparations to the benefit of both physician and patient.—*Fred. B. Wood, M. D., 456 Broadway, Milwaukee, Wis.*

Decidedly unique and original is the little cycling scrap-book just issued by the Pope Mfg. Co. of Boston, Mass. Upon the covers are fac-similes of the covers or front pages of thirty-seven of the leading American publications, and inside are between two and three hundred newspaper and magazine clippings and quotations from prominent personages pertaining to the hygienic, business and pleasurable advantages of cycling. By an arrangement of tint and type, the selections have the appearance of genuine pasted scraps, which makes the book worth possessing as a curiosity, as well as for the really valuable information it contains. The book will be sent upon request free by mail, upon receipt of stamp, to any one interested in cycling.

THE CURE OF GLEET BY HYDRASTIS.—I like Lloyd's Hydrastis better than any other preparation I have ever used. I cured four cases of gleet that had resisted treatment for several months (and it did it promptly) to the gratification of the patients, and to my own satisfaction. I have also used it in one case of Dysentery with excellent effect. I think it a great improvement over all other preparations of Hydrastis that I have ever seen, and think it will be adopted by the profession generally.

DR. J. W. CLARKE.

BOOK NOTICES.

VENEREAL MEMORANDA, A MANUAL FOR THE STUDENT AND PRACTITIONER. By P. A. Morrow, M. D., Clinical Professor of Venereal Diseases in the University of the City of New York, etc., etc.

This is a little volume of suitable size for the pocket, containing three hundred and twenty odd pages of very lucid descriptions of the venereal diseases, with hints for their management. We have never seen a work which contains a better presentation of this subject in so little space. It is one of Wood's Pocket Manuals. Just the thing for students and many practitioners whose professional duties only call their attention to the subject occasionally and who have not time to wade through voluminous literature. Published by Wood & Co., 56 and 58 Lafayette Place, New York.

CUTANEOUS MEMORANDA. Third edition. By Henry G. Piffard, Clinical Professor of Dermatology, University of New York, etc., etc.

This is another of Wood's excellent Pocket Manuals, devoted to the subject of the diseases of the skin. The fact that the third edition is now out attests the value placed on it by the profession. It discusses the subject of skin diseases clearly, thoroughly and in few words. William Wood & Co., Publishers, 56 and 58 Lafayette Place, New York. Price, \$1.00.

LECTURES ON SYPHILIS. By C. Frank Lydston, M. D.

This is a stenographer's report of a course of lectures delivered at the Chicago College of Physicians and Surgeons. We quote from the preface of the work:

These lectures were originally published in the *Western Medical Reporter*, and they have been collected and republished in their present form with but little revision. An earnest attempt has been made to present to the student a plain and practical idea of the subject of syphilis as taught by our most advanced pathologists and syphilographers, in conjunction with practical points drawn from personal observation in hospital and dispensary practice. The views of Fessenden Otis have been adopted as the most logical and scientific which have yet been offered in explanation of the pathological phenomena of the disease. It

is hoped that these few lectures may prove more valuable to the student than some of the larger and more comprehensive treatises.

THE PRINCIPLES AND PRACTICE OF SURGERY. By Frank Hastings Hamilton, A. M., M. D., LL. D., late Professor of Surgery in Bellevue Hospital Medical College., etc., etc. Illustrated with 472 engravings on wood. Published by William Wood & Company, 56 and 58 Lafayette Place, New York.

In the preparation of this work it was the purpose of the author to supply, within the limits of a single volume of moderate size, the instruction necessary to a full understanding of all the subjects belonging properly and exclusively to surgery, the volume being intended as a text book to the student and a guide to the surgeon. It was proposed to supply precisely what long experience in teaching and practice in surgery have suggested to be most needed by students and practitioners. To this end each department has been treated with as much conciseness as was consistent with precision and completeness. Much of the literature of surgery has been omitted; questions which affect only remotely the conduct of the operator have been discussed with much brevity and there has been substituted, whenever it has seemed necessary to a thorough comprehension of the subject, a more minute description of the surgical anatomy and of the most approved operative procedures than is usually found in similar treatises.

The work consists of a little less than a thousand clearly printed pages on fine calendered paper, the execution doing credit to the usual excellence of Wood & Company's publications, and as a work of reference it will be found much superior to many of the more voluminous and expensive works on surgery now published.

In a few instances the author does not seem to be quite up to the times; as in his methods of treating piles he devotes considerable space to the old methods of removal, excision, potential, cautery, ligation, and the ecraseur, but neglects to even mention the interstitial injection of carbolic acid and other agents with the hypodermic syringe; which is really the most effectual and least objectionable plan yet brought forward except, possibly, that of galvano puncture. His operation for laceration of the perinæum is antiquated, the quill sutures being employed, and only the use of three being recommended, a procedure which leaves too much space between the stitches and endangers the chances of union. However, as it is not a work on gynecology or rectal diseases, we can afford to pass these points by for the general excellent character of the work.



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Superior to all others as acknowledged by Awards of First Premium at Centennial, 1876; from the American Institutes for the year 1872 to 1875 the Gold Medal as an award of the first order of importance.

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